

☐ VIEW    ☐ TWA    ☐ Transitional

## VIEW/TWA/TRANSITIONAL ACTIVITY AND SERVICE PLAN

PLANNED COMPONENT ASSIGNMENT	Planned Begin Date	Planned End Date	Planned Weekly Hrs.
Currently employed full-time	_____	_____	_____
Currently employed part-time	_____	_____	_____
Job Search	_____	_____	_____
Job Readiness	_____	_____	_____
Job Development/Job Placement	_____	_____	_____
Full Employment Program	_____	_____	_____
On-The-Job-Training	_____	_____	_____
Community Work Experience	_____	_____	_____
Education	_____	_____	_____
Job Skills Training	_____	_____	_____
Other Work Activity	_____	_____	_____

### CURRENT PROGRAM ACTIVITY ASSIGNMENT

Program Activity Assignment	Description/ Location	Planned Begin Date	Planned End Date	Planned Weekly Hrs/Pay.
_____	_____	_____	_____	_____
	_____			
_____	_____	_____	_____	_____
	_____			

☐ Pending    ☐ Inactive

List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem.

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## SUPPORTIVE SERVICES

☐ Day Care

☐ Transportation

☐ Other (please describe)

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### PARTICIPANT RESPONSIBILITIES FOR CURRENT COMPONENT ASSIGNMENT(S)

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### AGENCY RESPONSIBILITIES

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### PARTICIPANT OBLIGATIONS

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call the worker/case manager whose name is listed at the bottom of this page if I have a problem that makes it impossible to keep an appointment or if I wish to discuss or change an activity. I agree to continue in my current activity until I have discussed any problem I may have with my worker/case manager.

I understand that if I fail to participate without a good reason my TANF benefits/support services will be stopped, and my Food Stamp benefits may be affected.

☐ **FOR PARTICIPANTS ASSIGNED TO COMPONENTS**

I will carry out the responsibilities as agreed.

☐ **FOR PARTICIPANTS ASSIGNED TO THE FULL EMPLOYMENT (FEP) PROGRAM**

I understand that I will not receive monthly TANF benefits while I am employed in a FEP placement. However, I may receive a supplemental TANF payment if I am unable to work at least 20 hours per week during the month because of circumstances beyond my control, such as but not limited to, loss of child care, transportation, illness of the FEP participant or a family member, or other emergency situation.

☐ **FOR PARTICIPANTS ASSIGNED TO PENDING (Applicable to VIEW and Transitional only)**

I understand that I am not actively participating at this time, but the months assigned to this component will count toward my two year time period. I also understand that I must answer all calls and letters from agency staff since I may be required to participate in the future.

☐ **FOR PARTICIPANTS ASSIGNED TO INACTIVE (Applicable to VIEW only)**

I understand that I will not actively participate at this time. I also understand that I must answer all calls and letters from agency staff since I may be required to participate in the future.

☐ **EXCHANGE OF INFORMATION CONSENT (ALL PARTICIPANTS)**

I understand that my worker may contact employers, service agencies, and others to assist me in connection with my work activities. By signing this form, I give permission to my Employment Services Worker to share information from my case record when necessary to provide or coordinate services on my behalf.

**PARTICIPANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CASE MANAGER'S SIGNATURE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

## ACTIVITY AND SERVICE PLAN

FORM NUMBER: 032-02-302

PURPOSE OF FORM - This form outlines a strategy designed by the worker/case manager and the VIEW participant to achieve long and short term goals in working toward employment as decided upon during the initial assessment and recorded on the Assessment Form (032-02-303). It details specific activities to which the participant will be assigned and identifies any service needs during assignments to these activities.

USE OF FORM - This form is prepared initially at the VIEW assessment and at the time of each reassessment. It is also to be used for persons assigned to Transitional Employment and Training (TET) and TANF Work Activities (TWA). Activities on this form will correspond to entries in the automated system. A copy of this form may serve as the Service Application.

NUMBER OF COPIES - One original and two copies

DISPOSITION OF COPIES - Original - Case Record  
1st copy - VIEW Participant  
2nd copy - Service Worker

### INSTRUCTIONS FOR PREPARING THE FORM

PLANNED COMPONENTS ASSIGNMENTS - This section is designed to list the components to which the VIEW, TET or TWA participant will be assigned during the course of program participation. This information in its entirety needs to be completed at the initial assessment and at each reassessment.

CURRENT PROGRAM ACTIVITY ASSIGNMENT - This space is provided for the worker/case manager to list the current component assignment(s) along with planned location dates and hours. The information on this list will correspond with information at the top of the form and information in Employment Services Automated System (ESPAS). Any assignment to pending or inactive needs to be explained in the space provided.

SUPPORTIVE SERVICES - Any services needed by the VIEW participant to engage in the program activities listed will be identified in this section of the Activity and Service Plan.

PARTICIPANT RESPONSIBILITIES - Outline the specific steps the VIEW participant is required to take in order to comply with program requirements. The amount of detail needed in this section will be determined by the worker/case manager on a case by case basis. If a participant is placed in FEP, the ESW should include the participant's responsibility to call the FEP placement supervisor (include name and phone number) and the ESW if he will be absent from work.

AGENCY RESPONSIBILITIES - Outline the responsibilities the agency will assume to assist the participant in carrying out the activities identified.

PARTICIPANT OBLIGATIONS - By signing this section of the form, the VIEW participant indicates they have participated in the planning for activities described, and they understand their responsibilities as a VIEW program participant.